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PTO/SB/01 (12-97)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number D028/069987-032

First Named Inventor Young-Min Jo

COMPLETE IF KNOWN

Application Number 10 / 643,760

Filing Date 08/19/2003

Group Art Unit Unassigned

Examiner Name Unassigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPACT LOW PROFILE CIRCULAR POLARIZATION
CUBIC ANTENNA**

the specification of which

(Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 08/19/2003 as United States Application Number or PCT International

Application Number 10/643,760 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/404,941	08/19/2002	

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number 29391

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
John L. DeAngelis, Jr.	30,622	David G. Maire	34,865
James H. Beusse	27,115	Enrique G. Mora	36,875
Robert L. Wolter	36,972	Terry M. Sanks	45,069

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

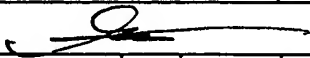
Direct all correspondence to: ☒ Customer Number 29391 or Bar Code Label OR ☐ Correspondence address below

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Address					
City		State		ZIP	
Country	USA	Telephone	(407) 926-7710	Fax	(407) 926-7720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Young-Min	Jo

Inventor's Signature					Date	11/17/03	
Residence: City	Rockledge	State	FL	Country	USA	Citizenship	Korea
Post Office Address	1829 Sun Gazer Drive						
Post Office Address							
City	Rockledge	State	FL	ZIP	32955	Country	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

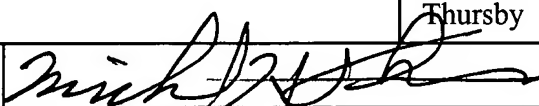
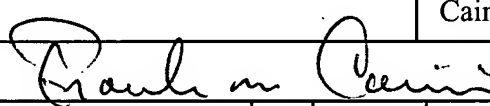
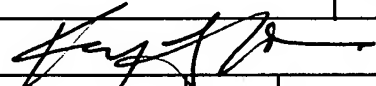
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Michael H.				Thursby			
Inventor's Signature				Date		12/05/03	
Residence: City	Palm Bay	State	FL	Country	USA	Citizenship	USA
Post Office Address	820 Emden Avenue N.W.						
Post Office Address							
City	Palm Bay	State	FL	ZIP	32907	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Frank M.				Caimi			
Inventor's Signature				Date		10/14/03	
Residence: City	Vero Beach	State	FL	Country	USA	Citizenship	USA
Post Office Address	4375 2nd Circle						
Post Office Address							
City	Vero Beach	State	FL	ZIP	32968	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kerry L.				Greer			
Inventor's Signature				Date		9/5/03	
Residence: City	Melbourne Beach	State	FL	Country	USA	Citizenship	USA
Post Office Address	6015 Riverside Drive						
Post Office Address							
City	Melbourne Beach	State	FL	ZIP	32951	Country	USA

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Mark D.				Nelson				
Inventor's Signature		<i>Mark D. Nelson</i>			Date		10/3/03	
Residence: City		Satellite Beach	State	FL	Country	USA	Citizenship	USA
Post Office Address		287 Glenwood Avenue						
Post Office Address								
City		Satellite Beach	State	FL	ZIP	32937	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
John C.				Farrar				
Inventor's Signature		<i>John C. Farrar</i>			Date		9/5/03	
Residence: City		Indialantic	State	FL	Country	USA	Citizenship	USA
Post Office Address		514 S. River Oaks Drive						
Post Office Address								
City		Indialantic	State	FL	ZIP	32903	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

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